

Virginia Department of Criminal Justice Services Rural Domestic Violence and Child Victimization Enforcement Program

PROGRESS REPORT

I. PROGRAM INFORMATION

1. Program Name: _____

2. Grant Number: _____ 3. Person Completing Report: _____

Fiscal Year: ☐ 2001 ☐ 2002 ☐ 2003

4. Quarter: ☐ First: (July 1-Sept. 30) ☐ Second: (Oct.1-Dec.31) ☐ Third: (Jan. 1-Mar.31) ☐ Fourth (Apr.1-Jun.30)

II. VICTIM DEMOGRAPHICS and SERVICES

A: Victim Demographics

1. Place the number of new victims served directly by the Family Violence Services Coordinator during this quarter in each category.

Sex	Race	Age In Years	Disability
_____ (A) Males	_____ (A) White	_____ (A) Under 13	_____ (A) Physically -disabled
_____ (B) Females	_____ (B) African-American	_____ (B) 13 – 17	_____ (B) Mentally - disabled
_____ (C) Unknown	_____ (C) Hispanic	_____ (C) 18 - 29	_____ (C) Non-disabled
_____ Total	_____ (D) Asian	_____ (D) 30 - 44	_____ (D) Unknown
	_____ (E) Native American	_____ (E) 45 – 64	_____ Total
	_____ (F) Other	_____ (F) 65 or older	
	_____ (G) Unknown	_____ (G) Unknown	
	_____ Total	_____ Total	

_____ **TOTAL NUMBER NEW VICTIMS**

2. List the number of new victims referred to the Family Violence Services Coordinator by each referral source during this quarter.

_____ Domestic Violence Program(s)	_____ Police	_____ Magistrate
_____ Commonwealth's Attorney	_____ Sheriff's Office	_____ Mental Health
_____ Department of Social Services	_____ Victim/Witness	_____ Clergy
_____ Probation/Parole	_____ Court Services	_____ School
_____ Other (Please list): _____		

3. Please report the **number of new** victims served by the Family Violence Services Coordinator this quarter by type of crime. If a victim suffered multiple types of crime, include her/him in each appropriate category. The total number of victims reported here may add to more than the total number reported in question 1.

CRIME TYPE

- _____ (A) Domestic Violence (include all crimes associated with domestic violence, see codebook page 5)
- _____ (B) Stalking
- _____ (C) Violation of a Protective Order
- _____ (D) Child Abuse by a family or household member (includes emotional, physical, and/or sexual abuse)
- _____ (E) Other, please specify: _____

4. Please report the **number of new** victims served this quarter by the Family Violence Services Coordinator by the relationship between the victim and the offender. If the victim was victimized by perpetrators in multiple categories, please include her/him in each category. This means the total number reported here may add to more than the total number reported in question 1.

VICTIM/OFFENDER RELATIONSHIP

- _____ (A) Victim is related by marriage or former marriage to offender
- _____ (B) Victim is currently, or formerly, in an intimate relationship with offender (includes having child in common)
- _____ (C) Victim is related to the offender by blood (but the victim is neither the offender's child nor parent)
- _____ (D) Victim is child of offender
- _____ (E) Victim is stepchild of offender
- _____ (F) Victim is parent of offender
- _____ (G) Type of relationship unknown
- _____ (H) Other type of relationship, please specify _____

B. DIRECT SERVICES PROVIDED BY THE FAMILY VIOLENCE SERVICES COORDINATOR

1. _____ Total number of **carry-over** victims who received at least one service during the quarter.
2. Report the **total** number of victims (new and continuation) served by the Family Violence Coordinator who obtained a protective order **this quarter**. (All three types of protective orders are included.) _____

3. List the number victims who received each service **and** the number of times each service was provided in this quarter by the Family Violence Services Coordinator (Please note, not every victim will receive every service). **This includes services to new victims and carry-over victims.**

SERVICE	NUMBER OF VICTIMS	NUMBER OF TIMES SERVICE WAS PROVIDED
(A) Safety Planning		
(B) Crisis Intervention		
(C) Follow-up Counseling		
(D) Referral for shelter/safe house		
(E) Referral for financial assistance		
(F) Protection Information		
(G) Information and Referral to Other Services		
(H) Court Accompaniment		
(I) Companion Service		
(J) Liaison with other services/service providers		
(K) Criminal Justice Process-options explanation		
(L) Other services		

III. AGGREGATE DATA

Information for questions 5-10 should represent aggregate data obtained from Law Enforcement Agencies, Magistrates, the Commonwealth's Attorney, the 911 system, the Department of Social Services, and other sources for the region included in the grant. **The Family Violence Services Coordinator is not required to have provided any services to the victim for the case to be included in this section.**

1. Please report the total number for each category for this quarter.

_____ (A) Total number of Protective Orders Requested (includes preliminary, emergency, and permanent)

2. Please report the total number for each category for this quarter

_____ (A) Total Number of Protective Orders Obtained/Domestic Violence

_____ (B) Total Number of Protective Orders Obtained/Stalking

_____ (C) Total Number of Protective Orders Obtained/Child Abuse

3. Please report the total number for each category for this quarter.

- _____ (A) Total Number of 911 Calls
- _____ (B) Total Number of 911 Calls related to Domestic Violence
- _____ (C) Total Number of 911 Calls related to Child Abuse

4. Please report the total number for each category for this quarter.

- _____ (A) Total Number of Domestic Violence or Intimate Partner Homicides
- _____ (B) Total Number of Domestic Violence Related Arrests
- _____ (C) Total Number of Domestic Violence Related Convictions
- _____ (D) Total Number of Domestic Violence Cases Prosecuted
- _____ (E) Total Number of Dual Arrests

5. Please report the total number for each category for this quarter.

- _____ (A) Total Number of Child Abuse Cases Prosecuted
- _____ (B) Total Number of Child Abuse Convictions
- _____ (C) Total Number of founded Child Protective Services (CPS) Dispositions
- _____ (D) Total Number of CPS investigations with a report of a history of Domestic Violence

6. Please report the total number for each category for this quarter.

- _____ (A) Number of women and children seeking shelter from domestic violence in a domestic violence shelter or safehome
- _____ (B) Number of women and children turned away or referred elsewhere from domestic violence shelters/safehomes due to lack of space

7. Please report the total number for each category for this quarter.

- _____ Please report the number of defendants charged with domestic violence who have had arrests or convictions or additional protective orders issued against them prior to the current incident for which they are charged.

IV. PERFORMANCE OBJECTIVES

A. TRAINING

1. Please indicate the following information about the training **provided by the Family Violence Services Coordinator** for this quarter: Report only on training related to domestic violence and/or child abuse. Attach additional pages as needed.

Topic of Training	Audience Type	Length in Hours	Number Trained

2. List any training **received** by Family Violence Coordinator during this quarter. Attach additional pages as needed.

Topic of Training	Training Provider	Length in Hours

B. DOMESTIC VIOLENCE TASK FORCE/COALITION DATA

- Total number of hours of Domestic Violence Coalition/Task Force Meetings during this quarter: _____
- Average number of attendees at each Coalition/Task Force meeting during this quarter: _____
- Please list all new agencies or organizations that have joined the Domestic Violence Coalition this quarter: _____
- Please list any agencies or organizations that have dropped out of the Domestic Violence Coalition this quarter and list the reason: _____

1. Discuss the progress that has been made toward developing a domestic violence task force/coalition for the county. If barriers have been encountered, please identify and discuss them here. If a task force/coordinating council already exists, please mark "NA" below.
2. Discuss the progress that has been made in collecting data. List the types of data that have been collected, if different than what is requested in this report. Identify and discuss any barriers to data collection.

- 7

- 8

9. Describe the plans of the program for the next quarter in the following areas (attach additional pages as needed):

A. Coordinating Council Formation:

B. Training:

C. Collecting Data:

D. Analyzing Data:

E. Implementing Solutions:

10. Please indicate any training, consultations, technical assistance, or other resources requested from the Department of Criminal Justice Services.